

2007-08-10 12:07

RF Surgical Systems Inc 425-283-0669 >> Seed IP Law

P 4/7

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|--|------------------------|----------------------|--|--|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/810,623 | | |
| | Filing Date | March 29, 2004 | | |
| | First Named Inventor | William A. Blair | | |
| | Art Unit | 3736 | | |
| | Examiner Name | Christine D. Hopkins | | |
| | Attorney Docket Number | 790094.402 | | |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: **00500**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number **00500**

OR

| | | | | |
|--|--|-------|--|-----|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| City | | State | | Zip |
| Country | | | | |
| Telephone | | Email | | |


I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).

SIGNATURE of Applicant or Assignee of Record

| | | | |
|------------------------------|---|------|----------|
| Signature |  | Date | 08/09/07 |
| Name | Kevin Cosens | | |
| Title and Company (Assignee) | President and CEO RF Surgical Systems, Inc. | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480

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